FEC FORM 1

## STATEMENT OF ORGANIZATION

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|                                   |                             |  | Offic   | EES GEAU CENTE   |
|-----------------------------------|-----------------------------|--|---|--|
| NAME OF COMMITTEE (in full)       | (Check if name is changed)  | Example.If typing, type over the lines.  | 12FE4M5   | - EO HMIL OLIVIE   |
| Arkansas Rice Produ               | ers' Group, Inc. Po         | litical Action Committee   | e - "Arkansas R   | ice PAC"   |
|                                   |                             |  |   |  |
| ADDRESS (number and street)       | P.O., Bpx 23915             |  |   |  |
| (Check if address                 | <u> </u>                    |  | <u> </u>  |  |
| is changed)                       | Little Rock                 | <u> </u>   | AR 722  | 21   -   |
|                                   |                             | CITY   | STATE   | ZIP CODE   |
| COMMITTEE'S E-MAIL ADDRE          | SS (Please provide only one | e-mail address)  |   |  |
| Check if address                  | chad@noblestrat             | .com ; ; ; ;   | 111   |  |
| is changed)                       |                             | . i  |   |  |
|                                   |                             |  |   |  |
| COMMITTEE'S WEB PAGE AD           | DRESS (URL)                 | e de la companya del companya de la companya del companya de la co |   |  |
| (Check if address is changed)     |                             |  | <u> </u>  |  |
| 2. DATE 09 24                     | 2012                        | en e   | <u> </u>  |  |
| 3. FEC IDENTIFICATION N           | UMBER C                     |  |   |  |
| 4. IS THIS STATEMENT              | NEW (N) OR                  | ÁMENDED (A)  |   |  |
| I certify that I have examined to | his Statement and to the be | est of my knowledge and belief it  | is true, correct and c  | omplete.   |
| Type or Print Name of Treasure    | , Jennifer James            | nerepitaling menemenen om den promonen i der tr 11.1999 (1811) (1811) om en e  | di ligi prasididekskelenselensestigt 1618 (ligi)/(possedibere | Ministry with the state of the second se |
| Signature of Treasurer            | Jennifer (                  | James  | Date 09 2   | 24 2012  |
| NOTE: Submission of talse, errore |                             | in may subject the person signing t  |   | naities of 2 USC §437g.  |
| Office<br>Use                     | :                           | For further information of Federal Election Commission Toil Federal 800-424-9530   | on F  | EC FORM 1<br>Revised 02/2009)  |

| I             | FEC For              | rm 1 (Revised 02/2009)   | Page 2                                 |
|---------------|----------------------|--|--|
| . TYPE        | E OF C               | OMMITTEE   |  |
| Can           | didate               | e Committee:   |  |
| (a)           |                      | This committee is a principal campaign committee. (Complete the candidate information below.)  |  |
| (b)           |                      | This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)  | ete the candidate                      |
| Name<br>Cand  |                      |  | <u> </u>                               |
| Cand<br>Party | lidate<br>Affiliatio | on Office Sought: House Senate President   | State                                  |
| (c)           |                      | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |
| Name<br>Cand  | e of<br>lidate       |  |  |
| Parl          | ly Com               | nmittee:   |  |
| (d)           |                      |  | Democratic,<br>epublican, etc.) Party. |
| Poli          | tical A              | ction Committee (PAC):   |  |
| (e)           | $\boxtimes$          | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn  | ected organization is a:               |
|               |                      | Corporation Corporation w/o Capital Stock  | Labor Organization                     |
|               |                      |  | -                                      |
|               |                      | Membership Organization Trade Association In addition, this committee is a Lobbyist/Registrant PAC.  | Cooperative                            |
| (f)           | П                    | This committee supports/opposes more than one Federal candidate, and is NOT a separate seg   | regated fund or party                  |
|               |                      | committee. (i.e., nonconnected committee)  |  |
|               |                      | In addition, this committee is a Lobbyist/Registrant PAC.  in addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |  |
|               |                      | in addition, this committee is a Leadership PAC. (identity sponsor on line c.)   | <del></del> .                          |
| Join          | t Fund               | draising Representative:   |  |
| (g)           |                      | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political                      |
| (h)           |                      | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | or more political                      |
|               | Com                  | mittaes Participating in Joint Fundraiser  |  |
|               | 1.                   | FEC ID number  |  |
|               | 2.                   | FEC ID number  |  |
|               | 3.                   | FEC ID number  |  |
|               | 4.                   | FEC ID number  |  |

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| FEC Form 1 (Revised  | 02/2009)   | Page 3               |
| Write or Type Committee Name   | e  |                      |
| Arkansas Rice Produc   | cers' Group, Inc. Political Action Committee - "Arkansas Rice  | e PAC"               |
| 6. Name of Any Connected (   | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersi                                      | nip PAC Sponsor      |
| (A.B. JLL. D'AIDA-B. II.   |  |                      |
| Arkansas Rice Produc   | ers Group, Inc.  |                      |
|  |  |                      |
| Mailing Address  | P.O.  Blox 23915   |                      |
|  |  |                      |
|  | Little Rock  |                      |
|  | CITY STATE   | ZIP CODE             |
| Relationship: Connected  | d Organization Affiliated Committee Joint Fundraising Representative Lea   | adership PAC Sponsor |
| <ol> <li>Custodian of Records: Idea</li> <li>books and records.</li> </ol> | ntify by name, address (phone number optional) and position of the person in pos                                       | session of committee |
| Full Name Ben No   | phie   |                      |
| Mailing Address  | P.O. Box 23915   |                      |
| •  |  |                      |
|  | Little Rock / / / / / / / / / / / / / / / / / / /  |                      |
| Title or Position  |  | ZIP CODE             |
|  | Telephone number 501 1 27  | 5,[11,00             |
| B. Treasurer: List the name an any designated agent (e.g.,                 | d address (phone number optional) of the treasurer of the committee; and the narassistant treasurer).                  | me and address of    |
| Full Name Jennife  | r James  |                      |
| Mailing Address  | P.O. Box 23915   |                      |
|  |  |                      |
|  | Little Rock 72221  |                      |
| Title or Position  | CITY STATE   | ZIP CODE             |
| Treasurer  | Telephone number $\begin{bmatrix} 5 & 6 & 1 \\ 1 & 1 & 1 \end{bmatrix} - \begin{bmatrix} 3 & 1 \\ 1 & 1 \end{bmatrix}$ | 75-1100              |

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Name of Bank, Depository, etc.

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| Mailing Address | لــا | _1_ |   | <br>  | <br>Ь. | Т. | _  | 1 | 1  |   |   | _  |   | <br> | 1 | _1_ |   |   |   |    |    | <br>_ |   |    | Щ. |    | <br>    |  |
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|                 |      |     |   |       |        |    |    |   |    |   |   |    |   |      |   |     |   |   |   |    |    |       |   |    |    |    |         |  |

CITY

STATE

ZIP CODE

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